

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 269148	RECEIPT DATE:	03 / 12 / 99
IA NUMBER:	PCT/ EP97 / 02086	IA FILING DATE:	04 / 24 / 97
FAMILY NAME:	HOFF	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	THOMAS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 12 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	3438 US	COUNTRY:	EPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2127582878
			FAX 2127582913
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	SUITE 473		
CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	10017
EMAIL:			
APPLICATION TITLES:			
	METHOD OF DETERMINING MISFIRING		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 9511

<b>SERIAL NUMBER</b> 09/269,148	<b>FILING DATE</b> 07/06/2001 <b>RULE</b>	<b>CLASS</b> 123	<b>GROUP ART UNIT</b> 3747	<b>ATTORNEY DOCKET NO.</b> 3438 US	
<b>APPLICANTS</b> Thomas Hopf, Bensheim, GERMANY; Ulrich Staufenberg, Diethardt, GERMANY;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP97/02086 04/24/1997					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 196 37 094.9 09/12/1996					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/13/2002</b>					
Foreign Priority claimed . <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Martin A Farber Suite 473 866 United Nations Plaza New York , NY 10017					
<b>TITLE</b> Method of determining misfiring					
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		